

National Ambulatory Medical Care Survey

ABOUT NAMCS

The National Ambulatory Medical Care Survey (NAMCS) produces statistics that are representative of people in the United States who visit office-based physicians. The survey provides information on office visits by physician practice characteristics, patient characteristics, and visit characteristics.

PEDIATRICS

In 2015–2016, there were an estimated **115 million visits per year** to nonfederally employed, office-based pediatricians in the United States.

CONTACT US

Ambulatory and Hospital Care Statistics Branch:

301-458-4600

https://www.cdc.gov/nchs/ahcd/namcs_participant.htm

ambcare@cdc.gov



PRIMARY EXPECTED SOURCE OF PAYMENT

PRIVATE INSURANCE	56.5%
MEDICAID OR CHIP/SCHIP ¹	36.3%
MEDICARE	1.6%
NO INSURANCE ²	1.4%
OTHER ³	1.0%

¹CHIP is Children's Health Insurance Program; SCHIP is State CHIP.

²Having only self-pay, no charge, or charity as source of payment.

³Includes workers' compensation and other sources of payment.

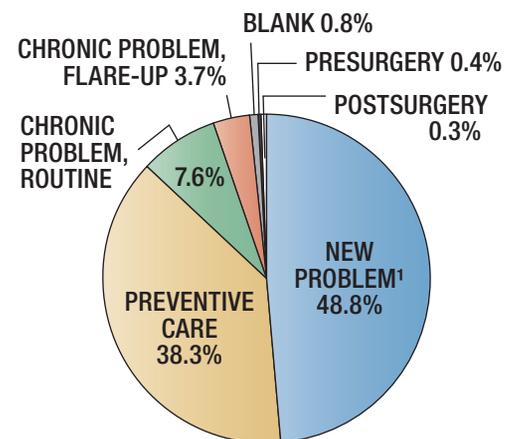
PATIENTS' TOP 5 PRINCIPAL REASONS FOR VISIT

- GENERAL MEDICAL EXAMINATION
- WELL-BABY EXAMINATION
- COUGH
- FEVER
- PROGRESS VISIT

TOP 5 SERVICES, ORDERED OR PROVIDED

- DIET/NUTRITION COUNSELING
- SKIN EXAMINATION
- RETINAL/EYE EXAMINATION
- GROWTH/DEVELOPMENT COUNSELING
- NEUROLOGIC EXAMINATION

MAJOR REASON FOR VISIT



¹Onset less than 3 months.

NOTE: Percentages may not add to 100 due to rounding.

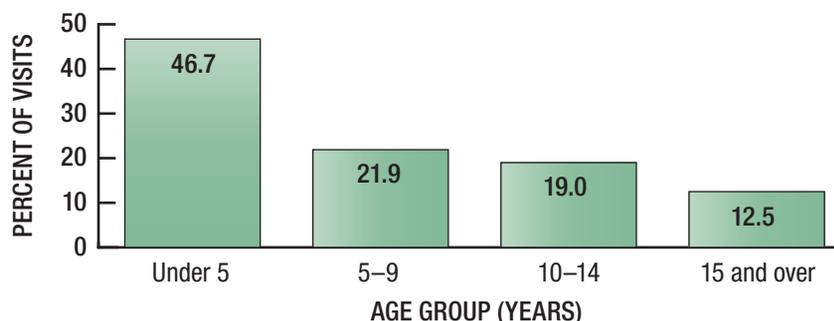
MEDICATIONS WERE PRESCRIBED OR CONTINUED AT **71.6%** OF OFFICE VISITS.

TOP 5 ACTIVE INGREDIENTS

- AMOXICILLIN
- IBUPROFEN
- ALBUTEROL
- ACETAMINOPHEN
- INFLUENZA VIRUS VACCINE, INACTIVATED



PERCENT DISTRIBUTION OF PEDIATRIC OFFICE VISITS, BY PATIENT'S AGE: 2015–2016



National Ambulatory Medical Care Survey

NAMCS data are widely used in research studies appearing in nationally recognized medical journals. Here are a few recent publications using NAMCS data:

Zhou X, de Luise C, Gaffney M, Burt CW, Scott DA, Gatto N, Center KJ. **National impact of 13-valent pneumococcal conjugate vaccine on ambulatory care visits for otitis media in children under 5 years in the United States.** *Int J Pediatr Otorhinolaryngol* 119:96–102. 2019.

Rege S, Kavati A, Ortiz B, Mosnaim G, Cabana MD, Murphy K, Aparasu RR. **Documentation of asthma control and severity in pediatrics: Analysis of national office-based visits.** *J Asthma* [Epub ahead of print]. 2019.

Kawai K, Adil EA, Barrett D, Manganello J, Kenna MA. **Ambulatory visits for otitis media before and after the introduction of pneumococcal conjugate vaccination.** *J Pediatr* 201:122–7. 2018.

Rege S, Kavati A, Ortiz B, Mosnaim G, Cabana MD, Murphy K, Aparasu RR. **Asthma medication prescribing practices in pediatric office visits.** *Clinical Pediatr (Phila)* 58(4):395–405. 2019.

Kabbani S, Hersh AL, Shapiro DJ, Fleming-Dutra KE, Pavia AT, Hicks LA. **Opportunities to improve fluoroquinolone prescribing in the United States for adult ambulatory care visits.** *Clin Infect Dis* 67(1):134–6. 2018.

Gilani S, Shin JJ. **The burden and visit prevalence of pediatric chronic rhinosinusitis.** *Otolaryngol Head Neck Surg* 157(6):1048–52. 2017.

Harahsheh AS, O'Byrne ML, Pastor B, Graham DA, Fulton DR. **Pediatric chest pain—Low-probability referral: A multi-institutional analysis from standardized clinical assessment and management plans (SCAMPs), the Pediatric Health Information Systems Database, and the National Ambulatory Medical Care Survey.** *Clin Pediatr (Phila)* 56(13):1201–8. 2017.

Filice CE, Green JC, Rosenthal MS, Ross JS. **Pediatric screening urinalysis: A difference-in-differences analysis of how a 2007 change in guidelines impacted use.** *BMC Pediatr* 14:260. 2014.

Sekhar DL, Murray-Kolb LE, Wang L, Kunselman AR, Paul IM. **Adolescent anemia screening during ambulatory pediatric visits in the United States.** *J Community Health* 40(2):331–8. 2015.



A complete list of publications using NAMCS data, which includes articles and reports, can be found at: https://www.cdc.gov/nchs/ahcd/ahcd_products.htm.